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ABSTRACT

This manual is designed to assist those helping professionals responsible for developing consumer education programs for older adults on the topic of health care and health care costs. Using a modular presentation format, the materials focus on the following areas of concern: (1) self-evaluation and planning for health care needs; (2) methods for dealing with health care problems; (3) ways for dealing with health care costs such as Medicare, Medicaid, and health insurance; and (4) strategies for getting the most from money spent on medical assistance. Workshop guidelines, a program checklist, learning objectives, a facilitator's guide, and references are also provided. (HLM)

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PLANNING FOR HEALTH CARE AND HEALTH CARE COSTS

A LEARNING MODULE DEVELOPED BY

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Consumer Education For Older Persons Project

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PLANNING FOR HEALTH CARE AND HEALTH CARE COSTS

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PLANNING FOR HEALTH CARE AND HEALTH CARE COSTS

I. INTRODUCTION 1
- A. What the Module Is and What It Contains
- B. How to Use It
- C. Single Session or Dual Session Approach?

II. HOW TO USE THE MODULE 3
- A. Basic Considerations
- B. Encouraging Participation
- C. Older Persons as Learners
- D. General Suggestions for Leading the Discussion

III. PROGRAM CHECKLIST 7
- A. Scheduling
- B. Site Location
- C. Publicity
- D. Registration
- E. Transportation
- F. Hospitality
- G. Equipment and Materials
- H. Day of Program

IV. LEARNING OBJECTIVES 9

V. BACKGROUND ON PLANNING FOR HEALTH CARE AND HEALTH CARE COSTS 10

VI. METHODS OF DEALING WITH HEALTH CARE PROBLEMS 11
- A. Introduction
- B. Preventive Measures

VII. METHODS FOR DEALING WITH HEALTH CARE COSTS
- A. Medicare 13
- B. Medicaid 17
- C. Health Insurance 19
- D. Mail Order Health Insurance 23

VIII. HOW TO STRETCH YOUR MEDICAL DOLLAR 25
- A. Doctors
- B. Surgeons
- C. Hospitalization
- D. Drugs
- E. Dental Services

IX. PRESENTATION PLANS
- A. Single Session Presentation Method With "User Guide" . 30
- B. Second Session Presentation Method With "User Guide" . 34
- C. Single Session Presentation Method Without "User Guide" 37
- D. Second Session Presentation Method Without "User Guide" 40

X. SOURCES OF FURTHER REFERENCES 43
XI. REACTIONS TO YOUR USE OF THIS MODULE 45
XII. USER GUIDE 46

I. INTRODUCTION

The project, funded by the U.S. Office of Education, focuses upon the development of low-cost consumer education and financial counseling materials to be used by paraprofessionals in leading group educational discussions on topics of particular concern to older people in different settings.

Consumer education and information efforts too often overlook this very special population. The immediate consumer problems and longer term financial necessities of those nearing retirement and those already retired are particularly unique, and older persons are especially aware of and need information in planning their health care.

A. WHAT THE MODULE IS AND WHAT IT CONTAINS

A module format is used. This means that these materials are self-contained leadership presentation units. The necessary background information on the topic is contained for the leader in addition to presentation plans for leading groups of older learners. Also included are slide-tape materials and "User Guides" to assist the leader in making more effective presentation(s) to the audience.

The leadership presentation unit is on the subject of Planning for Health Care and Health Care Costs. It is designed to be used with the accompanying slide package and "User Guide." It also can be used without these materials. However, the presentation will likely be more effective by using the slide/tape materials and "User Guide."

The "User Guide" is an easily photocopied or duplicated one-page sheet which is designed to (1) gain and retain the interest and participation of those attending the session, (2) provide some helpful hints in planning for health, and (3) list where to seek assistance with any health related problems. It can be given to those attending a group discussion on the topic of "Planning for Health Care and Health Care Costs."

The "Slide-Tape" presentation is a series of descriptive slides and a cassette tape to help you, as the group leader, to more graphically present the major health care concerns which older persons are likely to face. It is designed to gain the attention and interest of the audience on the topic of "Planning for Health Care and Health Care Costs."

The more familiar you are with the topic and the entire module, the more comfortable you will be in making a presentation on the topic and in handling any questions that are raised. The unit can be used alone as a single session, as a two-part session, and/or together with other units as a comprehensive treatment of consumer financial problems.

B. HOW TO USE IT

Effective use of the module can occur in one or more sessions with a group of older persons. The slide/tape presentation can be used to gain the attention of the audience and visually show some key concepts in planning for health care. The group leader then, of course, has the opportunity to interact with the audience in achieving the seven learning objectives of the topic (see page 9). The "User Guide" then can be used to assist in more effectively achieving those objectives by having the audience record on it during the session in addition to taking it home with them.

C. SINGLE SESSION OR DUAL SESSION APPROACH?

Bearing in mind the physical constraints of older learners, this module has been developed so that it can be used in a single session of about 30 minutes duration, or two sessions on the same topic lasting 30 minutes each (one hour total). Your task is simpler if you know in advance how much time your particular group of older learners would like to spend on the topic. For example, if you know that the group prefers only one meeting on this topic, then you can use the "Single Session Presentation Plan" included in this module to guide you through the presentation. If instead they prefer two sessions on the topic, then refer to the "Second Session Presentation Plan" as your guide. In the latter you simply continue the presentation beyond the first session, covering those topics that you were unable to include earlier.

Another distinct possibility is that your group of older learners may decide that they would like to have another session on the topic. This sometimes occurs at the conclusion of a first session which was both stimulating and interesting. In this case, you may decide to invite a guest speaker to further describe other important tips relating to health care and costs not covered during the initial session.

II. HOW TO USE THE MODULE

A. BASIC CONSIDERATIONS

Since the program is designed for older adults, it would be helpful to keep in mind some ideas about how older persons can be motivated to learn. Suggestions are given which may be helpful in "turning them on" about educational presentation.

There is a need today in the educational process to place a much greater emphasis upon feelings. Our educational, scientific and objective culture has played up the intellect and played down the expression of feelings. In Consumer Education, the purpose is not to dispense information, not merely to intellectualize about consumer problems and concerns, but to act upon that information in the marketplace. And people act, not according to what they know, but according to how they feel about what they know. This is the source of human motivation and of changing ineffective consumer attitudes and habits.

As the session planner, you should be aware that older consumers may:

1. Be on extremely limited incomes
2. Have physical and cognitive impairments
3. Have little education
4. Have other constraints such as a prevailing sense of insecurity
5. Lack confidence
6. Have uncertainty in their role as consumers in an increasingly complex and unfamiliar marketplace

Your success as the planner and leader depends in large measure on your ability to inspire self-confidence in these older learners. Several means for accomplishing this are:

1. Remind them that they have already COPED with a great many consumer and financial crises over their lives, including a major depression, and that this has given them both the knowledge and skills, as well as the courage, to enable them to COPE again. Try to create a learning climate for them.

2. Provide a climate so that they will learn from each other through sharing ideas during discussion. You are going to reawaken the knowledge and skills that your group of older consumers already have, and give them the chance to share them with others. Thus, members of your audience become both learners and teachers as they share experiences; and through your skill as discussion leader, lessons can be learned from past experiences and reused today in other situations.

B. ENCOURAGING PARTICIPATION

1. Older consumers are not likely to flock to your consumer education session(s). Many will not even understand what you mean by "consumer education." Thus, you will attract many more older persons by focusing on a specific problem topic such as "How to Avoid Being Taken" rather than a course on "consumer education."

2. It may take considerable imagination and hard work to reach the older persons who need and who will benefit most from the session. Successful attendance is helped by "one-on-one" or personal contacts, including a reminder the day before the session.

3. Your sessions should be provided in a location that is both accessible and convenient to the older persons that you are trying to reach.

4. Sessions should be provided in a location that is safe, during the daytime, and comfortable.

5. You may have to help arrange transportation for them.

6. Use the "Program Checklist" provided on pages 7 and 8 as a guide for making the arrangements.

C. OLDER PERSONS AS LEARNERS

1. Since older persons do not like a formal classroom atmosphere, every effort must be made to provide as informal a setting as possible. If the sessions can be combined with an opportunity for socializing, so much the better.

2. The session must be planned to:
   a. be short, fast moving--don't remain too long on a given approach such as slides, talk, etc.;
   b. provide ample opportunity for participation of those present;
   c. provide for flexibility in case the group shows signs of tiredness or boredom.

3. Older persons have considerable experience upon which to build. Your success and resourcefulness as an educational leader will be determined by how skillfully you are able to "tap that experience" and enable them to "learn from each other." Make them part of the teaching process, not just passive recipients of information.

4. Many older persons attend such sessions with a particular problem in mind. Thus, the leader must be flexible enough to allow those problems to be aired and to use them as a basis for discussion of the topic wherever possible. People learn by doing, particularly older persons. Therefore, use realistic problems and concerns.

5. Look for ways to be imaginative and creative in generating interest in and participation of older persons and to encourage their continued interest in the topic after the initial session has ended. Remember, if you have highly interested and motivated those attending, they will, on their own initiative, often try to learn more about the topic and to apply the information to their daily lives.

6. The learning process for older persons is much slower than for others. They may have a physical condition, such as arthritis, cataracts, or hearing problems which prevent them from responding as quickly as you would like them to. Pacing of information given and responses received, answering questions, filling out forms, etc. will be much slower.

7. Do not appear condescending or patronizing. Remember that while older people may respond much more slowly than others, they are more deliberate and many have maintained their mental agility and keenness over the years.

8. Make it fun! Remember, members of your audience have earned the right to live as they please at this time in their lives. They will learn--if they want to--and you can't teach them unless they want to learn.

9. Any testing should be self-testing, and participants must be assured that they are not being "evaluated" or "tested" in which they might reveal public ignorance of a topic or the ability to write.

D. GENERAL SUGGESTIONS FOR LEADING THE DISCUSSION

1. The most important factor in obtaining spontaneity and participation is your ability as a session leader to generate "trust" within specific groups of older persons. They will not participate unless they feel at ease.

2. Before older people will listen, they first must be listened to.

3. Older persons often have hearing problems. Therefore, the discussion leader may at some point ask the group to speak louder even if the room does have good acoustics.

4. When asking about a personal experience, ask participants to include not only what happened, but how they felt about what happened.

5. This educational module includes a series of lead or pump priming questions. Do not feel bound to use them all; however, stay with any lead question that has created the spontaneity and response which seems to be self-perpetuating and productive on the topic.

6. While trying to evoke problems, concerns, obstacles, uncertainties and fears of participants, discourage counter-productive bitterness, criticism, moralizing, sermonizing, intellectualizing, advice giving, and going off on tangents not related to the topic.

7. Be very alert to the faces of participants; hold down those who would monopolize the discussion, while looking for an opening or spark of interest to involve those who have been silent. However, one should never be forced to share or participate.

8. Be alert to look for "bridges" or means of relating personal stories and anecdotes to the topic under consideration.

9. "Art of Weaving." Pick up a thread for the next point from something said on a prior point stated in the group. Timing is important here; move it along without rushing it.

10. "Trust the Group." Value spontaneity--trust a deep-centered desire for most older persons to actively participate if given the chance.

III. PROGRAM CHECKLIST

This "Program Checklist" is provided to help you plan the scheduling site location, publicity, transportation, and other arrangements for the session. Some of these suggestions may not be applicable to your particular group setting, so ignore those that do not apply.

	Check One	
	Yes	No
A. Scheduling:		
1. Did you check the local community schedule of activities and your own agency's calendar in order to avoid conflicts of dates?	___	___
2. Have you selected the date, the program topic, and estimated the size of the group?	___	___
B. Site Location:		
1. Is the place (meeting site) in an area that is safe, easily accessible, with convenient parking facilities?	___	___
2. Do those who will attend the program clearly understand the date, time, place, and the room where the program will be offered? (Including clear directions, a map, and signs inside the building?)	___	___
3. Is the selected room large enough without being too large?	___	___
4. Is the room comfortable (heated in winter, cooled in summer?)	___	___
5. Is the meeting room private and away from the noise of other possible activities?	___	___
6. Has seating been arranged before the meeting to accommodate the expected number of persons?	___	___
7. Have necessary arrangements been made and confirmed with janitorial or custodial services to ensure that the building and room will be unlocked, heat or air conditioning turned on, and for locking up afterward?	___	___
C. Publicity:		
1. Contact local newspapers. The society page is usually the easiest and best place to obtain publicity at no cost. Have the press release hand carried to the editor for best results.	___	___
2. Have announcements of the program been placed in local newspapers well in advance of the program and again within a week of the program as a reminder?	___	___
3. Have announcements of the program been placed in appropriate newsletters or other notices mailed to members or clients?	___	___
4. If any problems arise while at the program, do you know the name and telephone number of the appropriate person to contact?	___	___

D. Registration:

1. Have participants been registered in advance identifying their name, address, and telephone number? ___ ___
2. If you plan to use name badges, have these been prepared in advance and additional badges made available for those who register at the program? ___ ___
3. Should someone become ill or injured, are you thoroughly familiar with the location of the closest hospital and the best route to this hospital? ___ ___
4. Do you have the number of emergency ambulance or rescue squad service? ___ ___

E. Transportation:

1. Would the local transportation company be willing to provide transportation for participants? ___ ___
2. Are buses available from the local public school system or churches for transportation of your group? ___ ___
3. Are other transportation facilities available from the local senior citizen center or other agencies? ___ ___
4. Is renting a bus desirable and/or possible? ___ ___

F. Hospitality:

1. Are refreshments available before or after the program? ___ ___
2. Has ample time been provided for refreshments and socializing? ___ ___
3. Are the refreshments simple and easy to serve? ___ ___
4. If refreshments require the use of kitchen facilities, are such facilities available? ___ ___
5. Has someone volunteered to help with refreshments and hospitality? ___ ___

G. Equipment and Materials:

1. Is the room so large that a microphone will be necessary? If so, has one been provided and tested beforehand? ___ ___
2. Are enough user guides available for all of the participants expected? ___ ___
3. Have you arranged for previewing the slides and tapes? ___ ___

H. Day of Program:

1. Have one or more persons been assigned to greet persons at the door? ___ ___
2. Have participants been thanked at the end of the program? ___ ___

IV. LEARNING OBJECTIVES

At the end of this learning session on health care and costs, participants should be able to:

1. Identify major health care problems, costs, and assistance available to the elderly.
2. Identify basic differences in medicare and medicaid.
3. Identify basic conditions in purchasing health insurance.
4. Identify key considerations when using medical care services and when purchasing drugs.
5. Identify the importance of preventive health care as a means of improving health and reducing medical expenses.
6. Identify where, when, and how to obtain help from existing social services agencies.
7. Identify where, when, and how to seek redress if their needs are not being met by the existing system.

V. BACKGROUND ON PLANNING FOR HEALTH CARE AND HEALTH CARE COSTS

The rising cost of health care is a problem of major concern to elderly people. Not only is there a dramatic increase in health related problems as people grow older, but there is also the ever present increase in the cost of health care. Inflation drastically increases the amount of money needed in order to obtain adequate care. For many, health related financial problems are of major concern; others should be more aware of impending problems that may occur as they reach later life.

Health related difficulties, of one type or another, are almost certain for every elderly person. These difficulties may cover a broad range of physical problems associated with the general biological decline of aging such as vision, hearing, illness, and diseases of many different types. Financial planning can provide skills which allow a person to move through these periods of potential crisis much more easily than a person who is not aware of sources of assistance as well as alternative methods of dealing with the costs of health care.

What kinds of health care problems will an elderly person need to be aware of? How are federal assistance programs designed to aid the elderly? How can these programs be identified and used properly? This is the subject of this module on Planning for Health Care and Health Care Costs.

VI. METHODS OF DEALING WITH HEALTH CARE PROBLEMS

A. INTRODUCTION

Although there is no certain method to avoid a financial crisis resulting from medical expense, there are ways to avoid many health related problems. The following suggestions are not magical, simple solutions nor are they an easy answer to a problem that has taken years to develop. The best way to protect yourself against many types of physical decline is through the implementation of individual physical activity programs which may not only add years to your life, but may indeed, add life to your years.

B. PREVENTIVE MEASURES

Many factors contribute to cardiovascular decline. Factors such as genetic background, sex, and age influence the prediction of heart attack; and, of course, these are "fact-of-life" aspects that cannot be changed. Other factors that also contribute to cardiovascular difficulties not only can be controlled but can, in fact, be reversed.

1. There is little doubt that smoking increases risk of heart attack. If a person is aware of risks involved in smoking, attention should be given to reduction or elimination of this habit. Risk of heart attack will decline as smoking declines.

2. Excessive blood pressures as well as diabetes can be reduced through medical attention. You should see your doctor for regular preventive physical examinations. Many problems such as excessive blood pressures and diabetes can be more easily dealt with by preventive medical exams.

3. Reduction of body weight is a very big topic for American society, as a quick glance across almost any current magazine shelf will reveal. Most informed Americans know how to lose weight. With age, excessive body weight places many additional strains and burdens on the entire physical system. It is, therefore, important to apply techniques for reducing weight as a preventive measure designed to maintain capacity to function independently.

4. High blood fat levels are common and are associated with heart disease and serious problems throughout the cardiovascular system. Lipids (fats) build over a lifetime and accumulate along the inner walls of arteries. With the fat blockage of the inner lining of the cardiovascular system comes a natural decline in the amount of blood that is able to circulate through the entire body. Classic "heart attack" may be due to fat blockage of blood flow to the heart itself. Fat blockage of blood flow to the brain contributes to stroke and senility by depriving the brain of needed oxygen. In America, our high standard of living provides us with diets that are filled with high fat foods such as pork, beef, eggs, butter, cream, and other saturated fats.

5. Exercise and physical fitness are common words in the vocabulary of those who design preventive techniques for offsetting the effects of age. An active exercise program may be instrumental in helping the individual cope with sudden emotional as well as physical demands. The ability to "cope" will range from ability of the body to handle a heart attack to the ability of the individual to handle severe emotional shock such as the death of a loved one. Exercise programs also may be instrumental in increasing the self-esteem of an elderly person. In a society that places high emphasis upon physical beauty as a criteria for personal worth and clearly establishes this around physical attributes of young people, maintenance of physical abilities should be preserved as long as possible. Exercise programs are instrumental in the establishment of effective preventive strategies, but should be structured around individual abilities. Consult your family physician for a physical check up and a recommended exercise program.

6. Reduction of stress and tension. While most people show signs of stress and are tense during periods of time, few seem to enjoy being tense or feeling that they are under stress promoting pressures. Emotional tension has been shown to be related to heart attack as well as other physical difficulties. One could expect that stress is an individual occurrence in that psychological pressures affect people differently. What one may find stressful, others may find delightful. It is, however, important that each person find those activities that are enjoyable as well as relaxing. Relaxation and recreational activities will make life more meaningful as well as enjoyable. Each person will benefit from a number of tension reducing strategies. If there are many alternative methods that will assist in the reduction of stress, an individual will be able to reduce tension and stress if there is only one effective technique that may be blocked.

7. A mentally well-balanced elderly person is one who is involved with others. Most people do not enjoy being isolated or alone and there may be much truth to the concept that one should "lose oneself to the service of others." Elderly people may combat possible depression, feelings of insecurity, and loneliness by continuing to remain involved in the community. Social involvement with family and friends will make life more exciting and meaningful, not to mention the benefit others will be able to gain from the wealth of experience and wisdom that only experience with life may provide. Elderly people are an asset that no community should be deprived of. There are responsibilities for involvement of the elderly that lie with both the community and the aged. For example, there is evidence to suggest that political awareness increases the longer political participation is maintained. In other words, the aged are aware of political issues but are not likely to act on the issues.

VII. METHODS FOR DEALING WITH HEALTH CARE COSTS

A. MEDICARE

Medical costs increased 33.5% from 1972 to 1975 according to the Bureau of Labor's Cost of Living indices; Medicare and Medicaid help to provide public health insurance to the elderly. Medicare is a part of the Social Security Act and is available throughout the United States for most people over 65 years of age. As a health insurance program, it is designed to pay a part of hospital and medical expenses of insured elderly people.

Medicare is composed of two basic sections. Part A (Hospital Insurance) provides protection against the cost of in-patient hospital care, after the hospital extended care, and after the hospital home health care. Part A Medicare certificates are issued by local Social Security offices shortly before a person reaches 65 years of age. Part B (Medical Insurance) can help pay for doctors' services, out-patient hospital care, out-patient physical therapy and speed pathology services, home health care, and many other health services and supplies which are not covered by Medicare's hospital insurance. It is the responsibility of the individual elderly person to complete application forms and to provide evidence of their eligibility for all Social Security benefits.

PART A - HOSPITAL INSURANCE

1. Eligibility: Nearly anyone aged 65 or over is eligible for Medicare benefits. For example, persons who are receiving Social Security retirement benefits are automatically eligible for Hospital coverage. They have Hospital Insurance because of credits for work under Social Security. If you are 65 or older and have Medicare Medical Insurance, but not the Hospital Insurance part, you can get Hospital Insurance by paying a monthly premium. You can sign up for Hospital Insurance in the first three months of any year. If you are buying Hospital Insurance protection, you cannot cancel your Medical Insurance without losing your Hospital Insurance too. However, you can cancel your Hospital Insurance and still continue your Medical Insurance. It is a good idea for everyone to apply for Medicare three months before their birthday month; then coverage starts as soon as they turn 65.

2. Benefits: Hospital Insurance, with the limitations listed below, pays for in-patient hospital services (including bed and board) and for persons who have been hospitalized and need continued care, extended care benefits in skilled nursing facilities, and certain home health care services. Medical Insurance pays for 80% of the cost of doctor's bills and a number of other medical expenses not covered by Hospital Insurance.

3. Limitations: Hospital Insurance has a "deductible" of $124 per benefit period, which means that each time you are hospitalized

(if at least 60 days have passed between your discharge and your rehospitalization), you must pay the first $124 in expenses which you incur. Once this figure is reached, hospital coverage pays all eligible expenses for the sixty-first through the 90th day; you pay $23 per day and Medicare pays the rest. Hospital coverage is limited to ninety days per benefit period, plus a lifetime, nonrenewable reserve of sixty days of hospital care. Extended and home care benefits under Hospital Insurance are limited to one hundred days per benefit period. (A benefit period runs from the time you are hospitalized to sixty days after you are no longer an in-patient at a hospital or nursing facility.) Hospital Insurance does not cover such items as doctor's bills, private duty nurses, the first three pints of blood given to you, or convenience items such as a telephone or television in your room.

PART B - MEDICAL INSURANCE

1. This part of the Medicare program is designed to provide additional protection against medical costs such as physicians' services, home health care, out-patient hospital care, medical supplies, out-patient physical therapy, and a number of other medical services and supplies that are not covered by the Hospital Insurance part of Medicare.

   It does pay doctor's bills, but it does not cover routine check-ups, hearing aids, drugs, routine dental services, your first three pints of blood, or certain other items. These may be paid for by Medicaid for eligible persons (see below):

   This type of Medical Insurance will pay approximately four dollars of each five dollars spent on medical costs, with the exception of the first $60 in each calendar year. Specific amounts paid by Medicare may vary as care costs rise. In addition, there may be differences from one state to another. For example, some states may pay amounts Medicare does not pay and may pay some health care expenses not covered by Medicare.

2. Definition: Medical Insurance covers a substantial part of the health items and services not covered under the basic plan. It provides insurance protection covering physicians and surgeons services, additional home health services and a variety of medical and other health services. People who are entitled to Medical Insurance are automatically given coverage, unless they specifically refuse it. These people will be notified that they have until a certain time to decline Medical Insurance.

3. Enrollment Periods:

   a. Initial: The initial enrollment period is based on the time when a person is first eligible to enroll, usually the time he attains age 65 or the 25th month of disability entitlement.

b. General: The general enrollment period is that time during which a person who failed to enroll during his initial enrollment period may first enroll, or during which a person whose enrollment has terminated may, with certain restrictions, re-enroll.

You may cancel your Medical Insurance but you have only one chance to get it back. You have to sign up again in any general enrollment period.

4. The Medical Insurance plan pays the following benefits:

a. Payments of reasonable charges either to or on behalf of patients for:

(1) Physicians' services, including surgery.
(2) Medical and other services furnished by or under arrangements made by participating hospital, skilled nursing facility, home health agency, public health agency, clinic, or rehabilitation agency.

5. The Medical Insurance deductible is the amount of covered Medical Insurance costs which the patient must pay each year before Medical Insurance benefits become payable. It is $60.

In computing the deductible in any calendar year, the patient may include the amount of any expenses he received in the last three months of the preceding year which were applied to the deductible for that year.

6. Identification Card: An identification card is issued to each person entitled to Medicare. You should show this card to hospital or other providers of services. It shows whether a person has Medicare insurance.

7. Medical Co-insurance: Eighty percent of the total expense incurred in a calendar year (after the deductible) is provided by Medical Insurance. The patient is responsible for the remaining 20 percent.

8. Carrier: A carrier is a voluntary organization, association, etc. selected by the Social Security Administration to handle Medical Insurance claims. It engages in providing, paying for, or reimbursing the cost of health services under group insurance policies or contracts.

9. Appeals: If you are dissatisfied by a decision as to entitlement or amount, make a prompt request for reconsideration. Your Social Security Office will help you file a request for review of your claim. If you are still dissatisfied, you may demand administrative hearings if the amount in question exceeds $100, and eventually appeal to the federal district court and Supreme Court if the amount in question exceeds $1,000. There is no charge for the

administrative hearings and you do not need an attorney, though it might be a good idea to get help from an experienced lawyer or paralegal.

10. For Information: Call your local office of the Social Security Administration for information on Medicare. You can find the number by looking under the U.S. Government in the white pages of your telephone directory.

In Virginia, medical insurance claims should be sent to:

Travelers' Insurance Agency
3600 W. Broad Street
P.O. Box 26434
Richmond, VA 23261

Remember that you must contact your local Social Security Office in order to obtain the handbooks providing detailed descriptions of services that rightfully belong to the person over 65. Medicare is a program paying for the health care of millions of Americans over 65 years of age. It is most important to remember to keep the Medicare health insurance card issued in your name. This card will indicate the type protection you have: Part A (Hospital Insurance), Part B (Medical Insurance), or both; the date your protection started; and the health insurance claim number needed for all medicare claims and correspondence. Separate cards and numbers are issued to both husband and wife.

B. MEDICAID

The Title XIX Medical Assistance Program, often referred to as Medicaid, came into being in 1965. The program is intended to provide Federal-State financing for a single, uniform, and comprehensive program of medical and health care for poor and needy persons. Medicaid is for certain kinds of needy and low-income persons: the aged (65 or older), the blind, the disabled, and members of families with dependent children. Some states also include (at State expense) other needy and low-income persons. Call your local County Department of Public Welfare Eligibility Office for financial eligibility details. It is listed in your telephone book under the County name.

1. Eligibility: To be eligible it is necessary to show that one is below certain income asset maximums which are:

   a. Applicant and spouse may not have more than $15,000 in equity in real property.

   b. The maximum for personal property (including cash but not including certain specified items such as a burial plot) for a single applicant is $750; for a married couple it is $1,000; and for each legal dependent it increases by $150.

   c. The yearly income maximum for a single applicant is $2,600; for two family members living together it is $3,250; and for each legal dependent it increases by $625.

2. Exception to Income Limit: If you exceed the income limits, you may still be eligible for up to six months of assistance if, during the three months prior to your application, your medical expenses totaled more than half the amount by which your income for that period exceeded the limits. Expenses need only have been incurred, not paid. Also, if your continuing monthly medical expenses exceed your monthly excess income, you may then be eligible for continuing medical assistance.

3. Benefits: Medicaid pays for at least these services:

   a. In-patient hospital care

   b. Out-patient hospital services

   c. Other laboratory and x-ray services

   d. Skilled nursing facility services

   e. Physicians' services

   f. Screening, diagnosis, and treatment of children under 21

   g. Home health care services

h. Family planning services

In many States Medicaid pays for such additional services as dental care, prescribed drugs, eye glasses, clinic services, intermediate care facility services, and other diagnostic, screening, preventive, and rehabilitative services.

Medicaid can pay what Medicare does not pay for people who are eligible for both programs. It can pay the $104 Medicare does not pay in each benefit period for eligible people. It can pay the first $60 per year of medical care costs and can pay what Medicare does not pay of the remaining reasonable charges for eligible people.

C. HEALTH INSURANCE

For the elderly who want more health coverage than is provided with Medicare, private health insurance policies are available. The elderly, with increasing medical needs and more frequent hospitalizations, need to be especially aware of the types of health insurance.

Health insurance works when you contribute a small amount of money regularly into a common fund. The premium is the amount of money contributed on a regular basis. Insurance works because the financial risks of accidents or illnesses are spread among a large group. This sharing of the hazard is the basis of insurance.

1. Protection: Health insurance plans may protect you and your family against two economic risks. It protects you against the loss of income due to disability; and it protects you against the high costs of hospitalization, surgery, and other medical care.

2. Plans: There are two basic health insurance plans that an individual can have. A group plan is when a group of people are insured under one policy. This policy may be offered by employers, labor unions, or professional groups. When you leave the job or organization, you may lose the group insurance. Check when you enter a group whether you are covered immediately or after a waiting period.

   One of the advantages of group insurance is that the premiums are lower. This is because insurance companies can administer the plans more economically. The employer or group often pay for part or all of the premium. In most cases, individuals are eligible regardless of their physical condition.

   The other insurance plan is an individual or family plan. This policy is obtained directly from an insurance company. Individual plans are designed so they fit the particular needs of a person or family. With individual insurance plans, it is important to know the provisions for renewing your policy. Policies state their terms for renewing their contract with you.

3. Provisions for Renewing Your Policy:

   a. Guaranteed Renewable: Some policies are guaranteed renewable. This means that up to a specified age as long as the premiums are paid promptly, you are covered under the plan. The premium rates cannot be changed or raised for any individual, unless it is changed for all policy holders with the same benefits and plans.

   b. Non-Cancellable Guaranteed Renewable: With non-cancellable guaranteed renewable health plans, the premium rate cannot be changed.

c. Optionally Renewable: Optionally renewable plans are the least expensive type. They are subject to renewal and change.

4. Review Your Policy: All of us need to be prepared for unexpected doctor or hospital bills. Health insurance is an important part of a family's financial planning. It is important to understand your health insurance policy and the provisions before you need it. Know what is and what is not covered in your health insurance policy. Shop around for insurance. Compare services as well as prices.

Health insurance needs change. Policies should be reviewed periodically in terms of the family's current situation and the high cost of medical care. Know your current needs and goals in relation to health insurance and be sure your policy will meet these needs. Policies that were once right when you had dependent children at home are not necessarily the best ones for you now. Do not automatically pay premiums without checking to see if the plan is in keeping with your current needs.

Always read the policy carefully. Most insurance policies are written in a style that is difficult for the average consumer to comprehend. This is especially true in the sections of the policy which limit or restrict payments the company makes to you. Do not let the complicated terminology fool you. Ask family, friends, or professionals to help you.

It is important to know if there is a waiting or a probationary period before benefits are payable. If they are payable on the occurrence of certain conditions, know what these conditions are. Know when benefits begin.

Deal only with reputable insurance companies--usually the larger ones or ones that have been in business longer. Be sure the company is licensed in your state. This information may be obtained from your State Insurance Commissioner. If the company is not licensed in your state and problems arise, he/she may not be able to help you.

Look at what Medicare pays and what it covers. Many insurance policies state that they will reduce benefits when you reach 65. Very few insurance companies will pay for benefits covered by other insurance companies. Many insurance companies have policies which pay for expenses not covered in Medicare. Get a policy that will fill in the gaps.

5. Basic Types of Insurance: There are five basic types of health insurance.

a. Disability Income Insurance: Disability income insurance is designed to replace a portion of the earnings lost because of the disability of a breadwinner. It provides a family with a

continuing income while the breadwinner is unable to work. It may come from purchasing your own insurance plan, or in some cases, from your employer's salary - continuation plan, or a combination of the two.

Policies generally require a person to be totally disabled before benefits are paid. Some may also provide benefits if an individual is partially disabled. It is important to know your policy's definition of disability and whether partial disability is covered.

Reminders

*Know if your policy has a waiting period before benefits begin. The longer the waiting period, the less the premium cost should be.

*Know how long the weekly or monthly benefit payments will last. Within policies benefit periods may be different for accidents and sickness.

*In order to budget your money, be sure to consider the length of time your earnings or any other income will continue.

*Know the provisions for renewing the policy and the exclusions or limitations. Know if any of these change after an accident or illness.

b. Hospital Insurance: Hospital insurance provides benefits for hospital care. There are usually two types of service: Daily room and board, routine nursing services, and minor medical suppliers; Additional related services--lab tests, x-rays, drugs, operating room fees, etc. These services are called miscellaneous or ancillary expenses.

Reminders

*Know the number of days covered. These usually range from 70 to 365 days or longer.

*Know how much is covered for room and board per day. Find out the rates of the local hospital and get a policy with benefits that are in line with these rates.

*Know how much is paid for related services. Frequently, the benefit for these additional services is expressed as being so many times the room and board benefit.

*Know how long the waiting period is before benefits will be paid. Know if there is a deductible amount you must pay before benefits begin.

*Know what the provisions are for renewing the policy. Know the exclusions or limitations.

c. Surgical Insurance: Surgical insurance helps pay for the cost of operations, surgeons fees, and related services. Surgical insurance is usually sold in conjunction with a hospitalization policy.

Reminders

*Choose a policy in line with surgeons fees in your area. Doctors fees are different in certain areas. Select one with benefits in keeping with the local surgical rates.

*Know what the benefit limitations are.

*Know what surgical services are covered and if the benefits apply if the operation is not performed in the hospital.

d. Physicians Insurance: Physicians insurance is generally combined with hospital and surgical expense insurance. It helps you pay for a specified number of in-hospital visits. Some policies provide benefits for home and office visits.

Reminders

*Know how many visits per illness are covered and how much will be paid for each visit.

*Know if there is a deductible amount you have to pay before your benefits begin.

e. Major Medical Insurance: Major medical insurance protects you against serious and prolonged illnesses. It helps pay for almost all types of care and treatment prescribed by physicians in and out of hospitals. For example, it covers hospital services, physician's treatment and specialist consultation and care, x-rays, drugs, lab tests, etc.

Reminders

*Know if there is a deductible and how much has to be paid by you, the policy holder, before benefits start.

*There may also be a co-payment clause. This means the insurance company pays 75 to 80 percent of the expense left after you pay the deductible. Know the maximum amount the policy will pay. Check to see if the same benefits will be available after recovery.

*It is important to know if the deductible amount is for the calendar year or for the illness or injury.

D. MAIL ORDER HEALTH INSURANCE

There are many legitimate offers for mail order health insurance. But this is a made-to-order situation for fraud.

Insurance policies are offered in the mail by some companies. Policies are sent as advertisements in various magazines and newspapers. The typical mail order health insurance plan offers low cost insurance with no regard to passing a physical examination. This is particularly appealing to senior citizens. For a "few pennies a day," it offers comprehensive coverage with no limitations!

Reminders

*Read the policy carefully. Do not be misled by complicated language. Consult family, friends, or professionals such as insurance agents. Health Insurance policies are written in such a way that it is difficult for the average consumer to read them. This is why it is important for him/her to know what they are getting before they sign up for it. After an accident or illness, it is too late to realize that the coverage you thought you had is really nonexistent. If the terminology seems especially vague--beware!

*Know the definition of the terminology that is used. For example, some mail order policies have defined "hospital" in such a way that more than 80 percent of the hospitals in the country do not qualify as hospitals.

*Check to see if all the claims made in advertising are supported in the fine print of the policy.

*An advertisement for mail order insurance might fail to include the exceptions, conditions, and limitations of the policy. Benefits may be payable only under certain conditions. Know them.

*Know the risks that you are insured against. This is the most important part of your policy. It is important to have a clear understanding of the kinds of sickness and injuries that you are protected against.

*Know if the premiums remain the same over the years. The initial premium rates may seem low when in actuality they increase over the years. Get a complete schedule of what the premium payments will be from the company. Compare it to the advertisement. Remember that low rates do not mean a company is honest; often it means they reject most claims.

*Know the provisions for renewing the policy. Know the provisions for cancelling or terminating the policy. Despite the promises of "Guaranteed Continuable" or "Only you can cancel," a company can cancel a policy or raise the premium rates under certain conditions.

*Some mail order policies may fail to mention a waiting or a probationary period before health benefits become payable.

*Know what effect pre-existing health conditions have on your insurance coverage. Because you don't have a physical examination the company may say you had an injury before you bought the policy and did not report it to the company. They may refuse to pay.

*If you fill out a health form, be sure it is filled out completely and accurately. The definition of a pre-existing condition could be so broad that a broken toe would be a pre-existing condition to heart trouble.

*Do not pay additional insurance you do not need. Shop around and compare policies in order to find the best one for your needs.

*Only the United States government offers Medicare. Some ads try to give the false impression that their company is related to Medicare. These private companies are in no way connected with Medicare and will not affect your benefits under Social Security.

*Be sure the benefits that the ad refers to are only for the policy that you are interested in and not more than one policy. You may receive a copy of what seems to be an actual policy in the mail with your name and address on it. Remember, it is an advertisement and you are under no obligation to the company.

*Before buying a mail order policy, check with your State Insurance Commissioner to see if the company is licensed in your state. If the company is not licensed there, then the Insurance Commissioner will have no control or supervision over the company.

*One serious problem of mail order insurance is that it causes people to abandon their regular insurance with its higher cost, but higher benefit protection for mail order insurance.

*The responsibility of regulating insurance practices lies chiefly with the state. The Federal Trade Commission's authority extends to stopping misleading and deceptive sales and advertising practices of mail order insurance companies in states where they are not licensed.

VIII. HOW TO STRETCH YOUR MEDICAL DOLLAR

A. DOCTORS

1. Always use the free testing programs, such as the lead poisoning tests, blood pressure, and chest x-rays.
2. If you or anyone else needs any innoculations, always check with the city and/or county boards of health for free innoculation programs. There is not any reason to pay for these when tax dollars provide them to you free.
3. If you do require the services of a doctor, be honest with him and tell him you are experiencing financial problems. He may be able to recommend resources you are not aware of now.
4. Know and understand all the medical and hospital coverage to which you are entitled.
5. Have a family physician.
6. Do not wait to see your physician if you are ill.
7. Have regular checkups.
8. Always discuss your doctor's fees with him.
9. Go to the doctor's office.
10. Use the telephone wherever possible.
11. Follow your doctor's orders.

B. SURGEONS

1. Do not go directly to a surgeon for medical treatment.
2. Make sure any surgeon that is to perform surgery on you is Board Certified.
3. Make sure the surgeon you are to use is a Fellow of the American College of Surgeons (FACS).
4. Consider getting an independent consultation or opinion.
5. Make sure any surgery is performed in an accredited hospital.
6. Do not push a doctor to perform surgery on you.
7. Make sure your doctor and surgeon explain all the alternatives and complications of surgery.

8. Discuss the fee frankly with your doctor.

9. Check the surgeon out with those who know him or have used him.

10. Make sure the surgeon knows and is willing to work with your general practitioner or internist.

11. Consider a surgeon who is part of a group practice.

12. Select a surgeon who is not too busy to give patients enough time and attention.

13. Be especially on guard if an operation often performed unnecessarily is proposed for you.

14. The patient, not the doctor or surgeon, is supposed to and is entitled to make the decision on whether to have surgery.

C. HOSPITALIZATION

1. Shop for a hospital. Select a hospital that is a teaching institution and also has a strong research program.

2. Do not confuse bigness with best.

3. Check with your state regulatory agencies to steer you toward a lower cost hospital.

4. Do not go into a hospital on Friday unless it is really necessary.

5. Ask your doctor if it is possible to have some of your routine job tests done before your admittance to the hospital.

6. Take a semi-private room.

D. DRUGS

1. Take only the drugs and medications prescribed or recommended by your doctor.

2. Many drug stores offer discount pricing and charge flat rates for filling prescriptions over and above the cost of the medication. Always ask how much a prescription is going to cost before having it filled. Use your comparison shopping technique here.

3. Many times your doctor has free samples from pharmaceutical houses--ask him for these "starter" drugs or free samples.

4. If he writes a prescription, ask him to prescribe by the generic or chemical name and not by the brand name. By doing this, the pharmacist can then use the least expensive form of the specified product.

5. Ask your doctor to steer you to drugstores in your area which offer quality drugs as the lowest cost.

6. Check your insurance to see if it will cover all or part of the costs of your medication.

7. Consider joining a national senior citizen organization such as the National Council of Senior Citizens or the American Association of Retired Persons. Their services include a low-cost discount drug program which will more than pay for your membership fee.

8. Ignore advice about throwing out your old prescriptions for safety's sake. A pharmacist states that drugs have a shelf life of at least two years unless otherwise labeled.

9. Always ask your doctor to instruct the druggist to type the name of the drug on the label.

10. Do not buy non-prescription drugs in large quantities unless they are really needed, since some deteriorate with time.

11. Buy the cheapest brand of aspirin. They are all alike.

E. DENTAL SERVICES

1. Avoid dentists who do not participate in Blue Shield.

2. Avoid dentists who are fast on the "pull."

3. Avoid dentists who fail to take a good medical and dental history.

4. Avoid dentists who cannot give you emergency care when you need it.

5. Get a prevention-oriented dentist.

6. Avoid dentists who will not talk fees and give estimates.

7. Avoid dentists who will not itemize bills.

8. Avoid dentists who overcharge.

9. Avoid dentists who do not inspire confidence.

10. Avoid dentists who do not explain all alternative treatments and possible complications.

11. Avoid dentists who proceed with treatment without telling you what they are going to do.

12. Avoid dentists who are afraid of consultations.

13. Avoid dentists who do not utilize x-rays when needed or who take too many x-rays.
14. Consider dentists who practice in a group.
15. Seek dentists who use auxiliary personnel.
16. Do not assume busy dentists are bad dentists.
17. Avoid the "jack-of-all" trades.
18. Go to a family dentist first.
19. Choose a specialist who is Board-Certified.
20. Keep your teeth and get dentists to help you do so.
21. Get a dentist willing to give an annual dental checkup.
22. Drop dentists you are not happy with.
23. Appeal a bad decision.
24. If you have trouble getting a dental appointment, try going to a larger city.
25. Watch out for the capping racket.
26. Here's another one to watch for--the Extraction-Plate racket.
27. Beware of strange and expensive dental contraptions.
28. Watch out for the Wisdom-Tooth extraction racket.
29. Look for signs of good dental practice and procedures.
30. Seek out dentists who are well organized.
31. Consider a dental school clinic for low cost treatment.

RATE YOUR DENTIST*

Circle either "yes" or "no" for each item, then add up the score. When you have completed this rating, send a copy to your dentist.

Yes No 1. Covers you with a lead apron when taking x-rays.
Yes No 2. Gives you an annual report on the amount of radiation from dental x-rays you have received.
Yes No 3. Takes only necessary x-rays (don't be afraid to ask).
Yes No 4. Agrees that your dental x-rays are your property and not his.
Yes No 5. Does everything possible to save a tooth.
Yes No 6. Polishes your new fillings (be sure to ask).
Yes No 7. Reminds you of checkup at least annually.
Yes No 8. Allows you full access to your records and x-rays.
Yes No 9. Has a schedule of his fees available in his reception room.
Yes No 10. Itemizes charges.
Yes No 11. Performs all services that you are billed for.
Yes No 12. Charges are reasonable.
Yes No 13. Has a resume listing his education and other qualifications in his reception room.
Yes No 14. Board certified if a specialist (If not a specialist, circle "yes").
Yes No 15. Answers your questions about treatment and fees.
Yes No 16. Explains alternative methods of treatment, their cost, and possible complications.
Yes No 17. Distributes free information about dental health.
Yes No 18. Has a "Shopper's Guide to Dentistry" in reception room.
Yes No 19. Takes a good written medical and health history.
Yes No 20. Does a thorough dental and oral examination.
Yes No 21. Takes refresher courses.
Yes No 22. Listens well and is compassionate and understanding about your dental problems.
Yes No 23. Obtains your permission before proceeding with treatment.
Yes No 24. Emphasizes prevention against tooth decay and gum disease.
Yes No 25. Encourages you to seek another opinion when needed.
Yes No 26. Agrees that the quality of dental treatment should be reviewed by independent qualified auditors (including examination of x-rays and records).
Yes No 27. Provides you with emergency care when you need it.
Yes No 28. Uses dental auxiliaries such as hygienists, assistants, etc.
Yes No 29. Practices in a group with other dentists.
Yes No 30. Is participating in Blue Shield and other recognized plans.
Yes No 31. Has physicians and dentists as patients.
Yes No 32. Cleanliness and neatness: dentist, assistant, office.

Total YES Answers times 3 equals the score. If your dentist does not score better than 51, you may want to think about changing. This is not a perfect test. A dentist could still score 96 and be incompetent or dishonest. But chances are, the higher the scores, the better he is.

IX. PRESENTATION PLANS

A. SINGLE SESSION PRESENTATION METHOD WITH "USER GUIDE"

TO THE LEADER:

This is a structured discussion approach for a 30-minute session covering the "Planning for Health Care and Health Care Costs" module, to be used with the "User Guide." The first column, "Section," indicates the part of the module to be covered. The "Preparation" column recommends procedures to help you prepare for the presentation. The "Activity" column suggests how you might lead a discussion on each topic. The "Time" column suggests how many minutes should be spent on that particular section in order to cover all of the material in 30 minutes. Be especially careful not to exceed the time limit suggestions in the "Time" column unless you take equivalent time away from another part. Otherwise, you will not accomplish all of the goals for that session.

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
Introduction	Read again the materials which have been provided which describe this module, i.e., its purpose, objectives, as well as the suggestions for leading a group discussion of older persons.	Introduce yourself. If the group is small, ask them to introduce themselves.	2
Introduce the topic including background material "Planning for Health Care and Health Care Costs."	Review "Background on Planning for Health Care and Health Care Costs," p. 10.	Discuss general background information on "Planning for Health Care and Health Care Costs." Perhaps read aloud the first paragraph on p. 11 to them.	3
"User Guide"	Read and understand in advance how you plan to describe the "User Guide" and its use, pp. 1-2.	Ask the group to look at their "User Guide." Tell them that you are now going to show some slides of specific ways to plan for their health care and reducing their health costs. Ask them:	2

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
		1. "IN PLANNING FOR YOUR HEALTH CARE WHILE TRYING TO REDUCE THE COST OF GOOD HEALTH CARE, WHAT DO YOU THINK IS THE MOST IMPORTANT--THE KEY--FIRST STEP? (THAT'S RIGHT, PREVENTION OF ILLNESS THROUGH GOOD NUTRITION, EXERCISE, SOCIAL ACTIVITY, COMMUNITY INVOLVEMENT, RELAXATION, NO SMOKING, INCREASED SEXUAL INVOLVEMENT.) 2. "AFTER DOING EVERYTHING POSSIBLE TO PRESERVE YOUR HEALTH AND PREVENTING ILLNESS, WHAT SHOULD BE THE BASIC ELEMENT OF YOUR HEALTH PROTECTION PLAN? THAT IS, WHAT IS THE MOST IMPORTANT GOVERNMENT PROGRAM THAT HELPS YOU PAY FOR IT? (THAT'S RIGHT, MEDICARE AND MEDICAID.)	
Slide Presentation	Make certain that you have already previewed the slides and tape to ensure that they are in proper sequence, have been placed in the carousel correctly, and that both slide projector and tape recorder are functioning and are in sync.	Show the Slide/Tape Presentation.	7
"User Guide"	Review "User Guide" itself as well as the instructions for its use, p. 1-2.	Say, "AS YOU VIEW THE SLIDE/TAPE PRESENTATION, PLEASE TAKE YOUR 'USER GUIDE' AND COMPLETE IT."	2

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
After Slide Presentation (Discussion)	1. Review the content material on "Methods for Dealing with Health Care Costs," p. 13-24, and "Methods of Dealing with Health Care Problems," p. 11-12. 2. Review suggestions for leading the discussion on pp. 5-6.	Suggested questions to help you review in more detail ways of planning for health care while reducing costs: 1. "WHAT WAYS HAVE YOU FOUND TO CUT YOUR MEDICAL EXPENSES?" 2. "DOES ANYONE HERE FEEL THAT THE SUGGESTIONS FOR REDUCING HEALTH CARE COSTS MIGHT BE DETRIMENTAL TO GOOD HEALTH? A. WHICH ONES? B. HOW? C. WHAT WOULD BE A BETTER WAY? 3. "GOOD HEALTH INVOLVES SOCIAL AND EMOTIONAL ACTIVITY, I.E., PARTICIPATING IN COMMUNITY LIFE. HOW WOULD YOU HELP A FRIEND WHOM YOU FELT WAS JEOPARDIZING HIS (HER) PHYSICAL AND EMOTIONAL HEALTH BY STAYING AT HOME ALL THE TIME? 4. "WHERE WOULD YOU GO TO GET HELP OR INFORMATION WITH ANY PROBLEM OF HEALTH CARE AND HEALTH CARE COSTS?	10
Summary Wrap-up with "User Guide"	1. Make a list in advance of the key points you want to have summarized based on the 7 objectives on p. 9.	Suggested questions to help you summarize the important points of the session: 1. "WHAT WERE THE 2 OR 3 MOST IMPORTANT THINGS THAT YOU GAINED FROM THIS SESSION?" 2. "LOOK AT YOUR 'USER GUIDE' FOR ADDITIONAL TIPS TO ASSIST YOU IN SEEKING HELP WITH HEALTH CARE PROBLEMS AND HEALTH CARE COSTS."	4

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
		3. "TAKE THE 'USER GUIDE' HOME WITH YOU AND KEEP IT IN A PLACE WHERE YOU CAN EASILY FIND IT."	
Conclusion/ Adjournment		"THANK YOU."	

B. SECOND SESSION PRESENTATION METHOD WITH "USER GUIDE"

TO THE LEADER:

This is a structured discussion approach for the second 30-minute session covering the "Planning for Health Care and Health Care Costs" module, to be used with the "User Guide." The first column, "Section," indicates the part of the module to be covered. The "Preparation" column recommends procedures to help you prepare for the presentation. The "Activity" column suggests how you might lead a discussion on each topic. The "Time" column suggests how many minutes should be spent on that particular section in order to cover all the material not covered in the first session in 30 minutes. Be especially careful not to exceed the time limit suggestions in the "Time" column unless you take equivalent time away from another part. Otherwise, you will not accomplish all of the goals for the session.

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
Introduction	Read the content material on "Planning for Health Care and Health Care Costs" that you did not include in the first session as well as suggestions for leading a group discussion of older persons.	Re-introduce yourself. If the group is small, ask them to introduce themselves.	2
Audience Reorientation --"User Guide"	Review the illness preventive measures and types of health care coverages including the ones that you talked about during the first session. Read and understand in advance how you plan to describe the "User Guide" and its use, pp. 1-2.	Reorient the group to what was done in the first session and ask them to look at their "User Guide" for helpful information. Then review the learning objectives (p. 9) with the group asking them these questions: 1. "WHAT DID WE AGREE AT THE FIRST SESSION WAS THE MOST IMPORTANT FIRST STEP IN PLANNING FOR YOUR HEALTH CARE? (THAT'S RIGHT, "PRESERVATION OF GOOD HEALTH AND PREVENTION OF ILLNESS BY SOCIAL ACTIVITY, COMMUNITY INVOLVEMENT, RELAXATION, ETC.)	5

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
		2. "AND WHAT DID WE AGREE WAS THE SINGLE MOST IMPORTANT COMPONENT OR BASIS OF PAYING FOR OUR HEALTH CARE? (THAT'S RIGHT, MEDICARE AND MEDICAID." 3. "WHERE WOULD YOU GO TO GET HELP OR INFORMATION WITH ANY PROBLEMS OF HEALTH CARE AND HEALTH CARE COSTS?"	
Discussion	Make certain that you have carefully reviewed details of "Planning for Health Care and Health Care Costs" as well as suggestions for leading the discussion. Watch time carefully here. 1. Review suggestions for leading the discussion on pp. 5-6.	Tell them that you are now going to discuss other ideas that you did not get the opportunity to discuss during the first session. Tell them, "LET'S NOT SPEND MORE THAN 4 OR 5 MINUTES ON EACH IDEA SINCE WE HAVE ONLY ABOUT 20 MINUTES." Suggested questions to help you review in more detail some of the points in maintaining good health while reducing health care costs are listed below. Ask them: 1. "LET'S LIST AS MANY TIPS AS WE CAN THINK OF TO HOLD DOWN THE COSTS OF GOOD HEALTH CARE." If no response, then ask: 2. "CAN SOMEONE DESCRIBE AN INCIDENT IN WHICH YOU OR SOMEONE YOU KNOW WAS EVER FACED WITH AN UNEXPECTEDLY HIGH MEDICAL BILL?" 3. "WHAT WAS THE OUTCOME? WHAT DID YOU DO ABOUT IT?" 4. "WHAT TIPS COULD YOU OFFER NOW TO PREVENT THIS SITUATION FROM OCCURRING AGAIN?"	20

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
		5. "DOES ANYONE ELSE HAVE ANY SUGGESTIONS OR TIPS THEY HAVE FOUND EFFECTIVE IN THIS KIND OF SITU-ATION OR SIMILAR SITU-ATION?" General situations are wanted; it does not have to be for that experience mentioned. 6. "IF YOU FEEL THAT YOU HAD A PROBLEM WITH HEALTH CARE AND COSTS, WHAT WOULD YOU DO ABOUT IT AND WHO WOULD YOU CONTACT?"	
Summary Wrap-up with "User Guide"		Suggested questions to help you summarize the important points of the section: 1. "WHAT WERE THE 2 OR 3 MOST IMPORTANT THINGS THAT YOU GAINED FROM THIS SESSION?" 2. "LOOK AT YOUR 'USER GUIDE' FOR ADDITIONAL TIPS IN PLANNING FOR YOUR HEALTH CARE AND COSTS." 3. "TAKE THE 'USER GUIDE' HOME WITH YOU AND KEEP IT IN A PLACE WHERE YOU CAN EASILY FIND IT."	3
Conclusion/ Adjournment		"THANK YOU."	

C. SINGLE SESSION PRESENTATION METHOD WITHOUT "USER GUIDE"

TO THE LEADER:

The following presentation plan is a suggested approach for a 30-minute presentation covering the "Planning for Health Care and Health Care Costs" module. The first column, "Section," indicates the part of the module to be covered. The "Preparation" column recommends procedures to help you prepare for the presentation of the material. The "Activity" column tells you what you should do with or for the group. The "Time" column suggests how many minutes should be spent on that particular section in order to cover all of the material in 30 minutes. Be especially careful not to exceed the time limit suggestions in the "Time" column unless you take equal time away from another part. Otherwise, you will not accomplish all of the goals for the session.

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
Introduction	Read again the materials which describe this module, i.e., its purpose, objectives, as well as the suggestions for leading a group discussion of older persons.	Introduce yourself. If the group is small, ask them to introduce themselves.	2
Introduce the topic, including background material for health care and health care costs.	Review "Background on Planning for Health Care and Health Care Costs" (p. 10).	Discuss the general background information on "Planning for Health Care and Health Care Costs." Perhaps read aloud the first paragraph on p. 11 to them.	3
Discussion	Review the content material on pp. 11-24. You may get someone in advance to describe how they found a way to reduce health costs while receiving good health care.	List the points to prevent illness on a flip chart, chalkboard, newsprint, or something similar. Read them aloud to the audience and give a very brief description of each of these points.	5

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
Description of specific methods of dealing with health care problems and costs: where to find assistance and where to seek help if they have a problem with health care or meeting the cost of health care.	Bear in mind that there are many points to cover in a limited amount of time. You will not likely be able to cover all of them. Watch time carefully here. Try to cover 4 or 5.	Suggested questions to help you review in more detail with your audience some of the key points to remember in reducing health care costs. Ask them: 1. "CAN ANYONE HERE RELATE AN INCIDENT WHERE YOU OR SOMEONE YOU KNOW WERE FACED WITH AN UNEXPECTEDLY LARGE MEDICAL EXPENSE?" If no response, then describe a situation that happened to someone you know or read one of the examples provided. 2. "WHAT WOULD YOU DO IF THIS HAPPENED TO YOU?" 3. "CAN ANYONE RELATE AN EXPERIENCE SIMILAR TO THE ONE DESCRIBED?" 4. "DO YOU HAVE ANY SUGGESTIONS OR TIPS THAT YOU HAVE FOUND EFFECTIVE IN THIS SITUATION OR SIMILAR SITUATION?" 5. "WHAT SOURCE OF HELP CAN YOU THINK OF IF YOU ARE FACING A MAJOR MEDICAL EXPENSE AND WANT TO LOOK AT OTHER ALTERNATIVES?"	15
Summary Wrap-up	Make a list in advance of the key points you want to have summarized based on the 7 objectives on p. 9.	Suggested questions to help you summarize the important points of the session: 1. "WHAT WERE THE 2 OR 3 MOST IMPORTANT THINGS THAT YOU GAINED FROM TODAY'S SESSION?" 2. "WHAT GENERAL TIPS CAN YOU SUGGEST TO PREVENT BEING FACED WITH AN UNEXPECTEDLY LARGE MEDICAL EXPENSE?" 3. "WHAT SHOULD YOU DO IF YOU OR SOMEONE YOU KNOW HAS BEEN TAKEN ADVANTAGE OF BY HAVING BEEN OVERCHARGED?"	5

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
Conclusion/ Adjournment		"THANK YOU."	

D. SECOND SESSION PRESENTATION METHOD WITHOUT "USER GUIDE"

TO THE LEADER:

The following presentation plan is a suggested approach for two 30-minute presentations covering the "Planning for Health Care and Health Care Costs" module. The first column, "Section," indicates the part of the module to be covered. The "Preparation" column recommends procedures to help you prepare for the presentation of the material. The "Activity" column tells you what you should do with or for the group. The "Time" column suggests how many minutes should be spent on that particular section in order to cover all of the material not covered in the first session in 30 minutes. Be especially careful not to exceed the time limit suggestions in the "Time" column unless you take equal time away from another part. Otherwise, you will not accomplish all of the goals for the session.

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
Introduction	Read the content material on "Planning for Health Care and Health Care Costs" that was not included in the first session as well as the suggestions for leading a group discussion for older persons.	Re-introduce yourself. If the group is small, ask them to introduce themselves.	2
Audience Reorientation	Review the illness prevention measures and points to reduce health care costs including the ones that you talked about during the first session.	Reorient the group to what was done in the first session and review learning objectives (p. 9) by asking them questions: 1. "WHAT DID WE AGREE AT THE FIRST SESSION WAS THE SINGLE MOST IMPORTANT COMPONENT OR BASIS OF PAYING FOR OUR HEALTH CARE?" (THAT'S RIGHT, MEDICARE AND MEDICAID.)	6

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
		2. "WHAT DID WE AGREE AT THE FIRST SESSION WAS THE MOST IMPORTANT FIRST STEP IN PLANNING FOR YOUR HEALTH CARE?" (THAT'S RIGHT, PREVENTION OF ILLNESS BY NOT SMOKING, REGULAR EXERCISE, SOCIAL INVOLVEMENT, WATCHING YOUR DIET, INCREASED SEXUAL ACTIVITY, ETC.) 3. "WHO CAN DESCRIBE THE TWO TYPES OF MEDICARE?" 4. "WHAT DOES EACH TYPE PROVIDE FOR? HOW DO YOU GET MEDICARE?"	
Description of specific means of planning for health care and where to seek help if they have a problem with health care and costs.	Make certain that you have carefully reviewed details of the specific ways of planning for health care as well as suggestions for leading the discussion. Watch time carefully here. Review suggestions for leading the discussion on pp. 5-6.	Tell them that you are now going to discuss other ways of planning for their health care and reducing costs of health care that you did not get the opportunity to during the first session. Tell them "LET'S NOT SPEND MORE THAN 4 OR 5 MINUTES ON EACH SINCE WE ONLY HAVE ABOUT 17 MINUTES." Suggested questions to help you review in more detail some of the ways of planning for health care are: 1. "CAN ANYONE HERE RELATE AN INCIDENT WHERE YOU OR SOMEONE YOU KNOW WERE FACED WITH AN UNEXPECTEDLY LARGE MEDICAL EXPENSE?" If no response, then describe a situation that happened to someone you know. Then ask: 2. "WHAT WOULD YOU DO IF THIS HAPPENED TO YOU?"	17

Section	Preparation Prior to Presentation	Activity	Suggested Time (Minutes)
		3. "CAN ANYONE RELATE AN EXPERIENCE SIMILAR TO THE ONE DESCRIBED?" 4. "DO YOU HAVE ANY SUGGESTIONS OR TIPS THAT YOU HAVE FOUND EFFECTIVE IN THIS SITUATION OR SIMILAR SITUATION?" General situations are wanted; it does not have to be for that experience mentioned.	
Summary Wrap-up	Make a list in advance of the key points you want to have summarized based on the 7 objectives on p. 9.	Suggested questions to help you summarize the important points of the session: 1. "WHAT WERE THE 2 OR 3 MOST IMPORTANT THINGS THAT YOU GAINED FROM TODAY'S SESSION?" 2. "WHAT GENERAL TIPS CAN YOU SUGGEST TO PREVENT BEING FACED WITH AN UNEXPECTEDLY LARGE MEDICAL EXPENSE?" 3. "HOW CAN YOU REDUCE YOUR MEDICAL COSTS BY PREPARING IN ADVANCE?"	5
Conclusion/ Adjournment		"THANK YOU."	

X. SOURCES OF FURTHER REFERENCES

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XI. REACTIONS TO YOUR USE OF THIS MODULE

1. I used this module with the following group of adults: (Please describe)

2. The group's reactions to the modular approach were:

3. My reactions to using this approach are:

4. My suggestions for revisions are:

Please return to:

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Consumer Education for Older Persons
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Virginia Polytechnic Institute and State University
Blacksburg, Virginia 24061

USER GUIDE

PLANNING FOR HEALTH CARE AND HEALTH CARE COSTS

1. Is there any physical condition, illness, or health problem that bothers you now?
   - +A. No
   - B. Yes

2. Which of these things are you still healthy enough to do without help?
   - +A. Heavy work around the house, like shoveling snow or washing walls?
   - B. Men: Work at a full-time job.
     Women: Do the ordinary work around the house yourself.
   - +C. Walk half a mile (about eight ordinary blocks).
   - +D. Go out to a movie, to church or a meeting, or to visit friends.
   - +E. Walk up and down stairs to the second floor.

3. Which of these statements fits you best?
   - A. I cannot work (keep house) at all now because of my health.
   - B. I have to limit some of the work or other things that I do.
   - +C. I am not limited in any of my activities.

IF YOU CHECKED:

6 of the above + items, you would be in better functional health than 9 out of 10 persons.
5 of the above + items, you would be in better functional health than 2 out of 3 older persons.
4 of the above + items, you would be in better functional health than half of all older persons.
3 of the above + items, you would be in better functional health than 1/3 of all older persons.
2 or less, you would be in poorer functional health than 2 out of 3 older persons.

CHECK THOSE HEALTH CARE COVERAGES WHICH YOU HAVE:		CHECK THOSE HEALTH CARE COVERAGES FOR WHICH YOU ARE ELIGIBLE:
☐	MEDICARE:	☐
☐	A. Hospital	☐
☐	B. Medical	☐
☐	MEDICAID	☐
☐	GROUP HEALTH INSURANCE	☐
☐	PRIVATE HEALTH INSURANCE	☐
☐	DENTAL INSURANCE	☐

If you need information on types of health coverages, check with the leader of your group for addresses and phone numbers where you can seek assistance.